

Exhibit 5

FCC Form 474

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Approval by OMB
3060 - 0856

Universal Service for Schools and Libraries

Please read instructions before
completing.

This form can be filed online or by mail.

Estimated Average Burden Hours Per
Response: 1.5 hours
(To be completed by Service Providers)

SERVICE PROVIDER Invoice Form

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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1. Service Provider Name (30 characters maximum) MICHIGAN EDUCATIONAL SCHOOL SERVICES, INC.

2. Service Provider Identification Number (SPIN) (9 characters maximum) 143023091

3. Contact Name (30 characters maximum) MICHAEL PACIONI

4. Contact Telephone Number (14 digits maximum) Area Code: 313 Phone Number: 8615882 Ext.:

Contact Fax Number (10 digits maximum) Area Code: 313 Fax Number: 8614406

Contact E-Mail Address (100 characters maximum) mpacioni@sbcglobal.net

5. Invoice Number (25 characters maximum) 34186

6. Invoice Date to SLD (mmddyyyy) 11/15/2005

7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum) 238082.63

SERVICE PROVIDER Invoice Form

8. FCC Form 471	9. Funding Request	10. Bill Frequency	11. Customer Billed	12. Shipping Date to	13. Total (Undiscounted)	14. Discount Amount
-----------------------	--------------------------	--------------------------	---------------------------	----------------------------	--------------------------------	---------------------------

Application Number (up to 10 digits) (from Funding Commitment Decisions Letter)	Number (FRN) (up to 10 digits) (from Funding Commitment Decisions Letter)	(e.g., Monthly, Quarterly, Annually, One-time, Other)	Date (mmyyyy)	Customer or Last Day of Work Performed (mmddyyyy)	Amount for Service per FRN (14.2 digits max.)	Billed to SLD (14.2 digits max.)
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324052	866098	ONE-TIME		09/07/2005	264536.26	238082.63

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InvoiceID: 612615
Security Code: 96888

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4. Contact Telephone Number (14 digits maximum) Area Code: 313 Phone Number: 8615882 Ext.:

Contact Fax Number (10 digits maximum) Area Code: 313 Fax Number: 8614406

Contact E-Mail Address (100 characters maximum) mpacioni@sbcglobal.net

5. Invoice Number (25 characters maximum) 34186

6. Invoice Date to SLD (mmddyyyy) 11/03/2005

7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum) 238082.63

SERVICE PROVIDER Invoice Form

8. FCC Form 471	9. Funding Request	10. Bill Frequency	11. Customer Billed	12. Shipping Date to	13. Total (Undiscounted)	14. Discount Amount
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324052	866098	ONE-TIME	11/01/2005		264536.26	238082.63

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IMPORTANT

Please record this invoice's information in a secure place for
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InvoiceID: 607364

Security Code: 39638

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FCC Form 474

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Universal Service for Schools and Libraries

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Contact Fax Number (10 digits maximum) Area Code: 313 Fax Number: 8614406

Contact E-Mail Address (100 characters maximum) mpacioni@sbcglobal.net

5. Invoice Number (25 characters maximum) 34187

6. Invoice Date to SLD (mmddyyyy) 11/03/2005

7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum) 570619.76

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FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

8. FCC Form 471	9. Funding Request	10. Bill Frequency	11. Customer Billed	12. Shipping Date to	13. Total (Undiscounted)	14. Discount Amount
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324177	866693	ONE-TIME	11/01/2005		634021.96	570619.76

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InvoiceID: 607526

Security Code: 52172

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6. Invoice Date to SLD (mmddyyyy) 11/15/2005

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324177	866693	ONE-TIME		09/07/2005	634021.96	570619.76

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InvoiceID: 612604

Security Code: 15826

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FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

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Decisions Letter)	Commitment Decisions Letter)	Other)				
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324052	866098	ONE-TIME		09/07/2005	264536.26	35712.39

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InvoiceID: 659084
Security Code: 12438

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FCC Form 474 - October 2001

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Decisions Letter)	Commitment Decisions Letter)	Other)				
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324177	866693	ONE-TIME		09/07/2005	634021.96	85592.96

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IMPORTANT

Please record this invoice's information in a secure place for future records

InvoiceID: 659082

Security Code: 52959

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FCC Form 474

Do not write in this space.

Approval by OMB
3060 - 0856

Universal Service for Schools and Libraries

Please read instructions before completing.

This form can be filed online or by mail.

Estimated Average Burden Hours Per Response: 1.5
hours

(To be completed by Service Providers)

SERVICE PROVIDER Invoice Form

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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1. Service Provider Name (30 characters maximum)	MICHIGAN EDUCATIONAL SCHOOL SERVICES, INC.
2. Service Provider Identification Number (SPIN) (9 characters maximum)	143023091
3. Contact Name (30 characters maximum)	MICHAEL PACIONI
4. Contact Telephone Number (14 digits maximum)	Area Code:313 Phone Number: 8615882 Ext.:
Contact Fax Number (10 digits maximum)	Area Code:313 Fax Number: 8614406
Contact E-Mail Address (100 characters maximum)	mpacioni@sbcglobal.net
5. Invoice Number (25 characters maximum)	34186
6. Invoice Date to SLD (mmddyyyy)	03/10/2006
7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum)	202370.24

Page 1 of 2

FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

8. FCC Form 471 Application Number (up to 10 digits) (from Funding Commitment)	9. Funding Request Number (FRN) (up to 10 digits) (from Funding)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time,	11. Customer Billed Date (mmyyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to SLD (14.2 digits max.)
---	---	---	--	--	---	--

Decisions Letter)	Commitment Decisions Letter)	Other)				
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324052	866098	ONE-TIME		09/14/2005	264536.26	202370.24

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**IMPORTANT**

Please record this invoice's information in a secure place for future records

InvoiceID: 634897

Security Code: 29465

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21-393650
Case#

FCC Form 474

Do not write in this space.

Approval by OMB
3060 - 0856

Universal Service for Schools and Libraries

Please read instructions before completing.

This form can be filed online or by mail.

Estimated Average Burden Hours Per Response: 1.5
hours

(To be completed by Service Providers)

SERVICE PROVIDER Invoice Form

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3. Contact Name (30 characters maximum)	MICHAEL PACIONI
4. Contact Telephone Number (14 digits maximum)	Area Code: 313 Phone Number: 8615882 Ext.:
Contact Fax Number (10 digits maximum)	Area Code: 313 Fax Number: 8614406
Contact E-Mail Address (100 characters maximum)	mpacioni@sbcglobal.net
5. Invoice Number (25 characters maximum)	34187
6. Invoice Date to SLD (mmddyyyy)	03/10/2006
7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum)	570619.76

Page 1 of 2

FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

8. FCC Form 471 Application Number (up to 10 digits) (from Funding Commitment)	9. Funding Request Number (FRN) (up to 10 digits) (from Funding)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time,	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to SLD (14.2 digits max.)
---	---	---	---	--	---	--

Decisions Letter)	Commitment Decisions Letter)	Other)				
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324177	866693	ONE-TIME		09/14/2005	634021.96	570619.76

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InvoiceID: 634896

Security Code: 54353

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Case #

21-39356.2

FCC Form 474

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Approval by OMB
3060 - 0856

Universal Service for Schools and Libraries

Estimated Average Burden Hours Per Response: 1.5
hours

Please read instructions before completing.

This form can be filed online or by mail.

(To be completed by Service Providers)

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2. Service Provider Identification Number (SPIN) (9 characters maximum)	143023091
3. Contact Name (30 characters maximum)	MICHAEL PACIONI
4. Contact Telephone Number (14 digits maximum)	Area Code: 313 Phone Number: 8615882 Ext.:
Contact Fax Number (10 digits maximum)	Area Code: 313 Fax Number: 8614406
Contact E-Mail Address (100 characters maximum)	mpacioni@sbcglobal.net
5. Invoice Number (25 characters maximum)	34186
6. Invoice Date to SLD (mmddyyyy)	02/15/2006
7. Total Invoice Amount (sum on Column (14) - 14.2 digits maximum)	238082.63

Page 1 of 2

FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

8. FCC Form 471 Application Number (up to 10 digits) (from Funding Commitment)	9. Funding Request Number (FRN) (up to 10 digits) (from Funding)	10. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time,	11. Customer Billed Date (mm/yyyy)	12. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	13. Total (Undiscounted) Amount for Service per FRN (14.2 digits max.)	14. Discount Amount Billed to SLD (14.2 digits max.)
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Decisions Letter)	Commitment Decisions Letter)	Other)				
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324177	866693	ONE-TIME	11/01/2005		634021.96	570619.76

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InvoiceID: 630052

Security Code: 51926

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TRANSMISSION VERIFICATION REPORT

TIME : 02/17/2006 11:25
NAME : LEARNING CONSULTANTS
FAX : 3138614406
TEL : 313861440613
SER.# : BROK1J712249

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

02/17 11:22
19735996572
00:02:48
07
OK
FINE
ECM

Mike Pacioni

From: Handler, Steven [SHANDLE@sl.universalservice.org]
Sent: Tuesday, February 14, 2006 11:32 AM
To: Mike Pacioni
Subject: Out of Office AutoReply: Invoice # 612604, your invoice # 34187

Hi,

I will be out of the office until Monday, February 13, 2006.

If you need to send me information related to an invoice, either e-mail it to shandle@sl.universalservice.org or fax it to me at 1-973-599-6572.

If you need immediate attention, please call the Invoicing Group Hotline at 1-973-581-5390.

Thanks,

Steve Handler

17601 James Couzens
Detroit, MI 48235
313-861-5882
313-861-4406-Fax

**Learning
Consultants, Inc.**

Fax Memo

To: Steven Handler

From: Deborah Powell

Fax: (973) 599-6572

Pages: 7

Phone:

Date: 02/17/06

Re: SLD INVOICES

CC: Michael Pacioni

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Steven,

Attached are the SLD invoices that I put in on 02/15/06. Hopefully you will get them when they come through the system.

Thank you,

Deborah

SBC Yahoo! Mail

Search
the Web

Search

Welcome, **dpowelllci@sbcglo...**
[Sign Out, My Account][Mail Home](#) | [Tutorials](#) | [Help](#)[Mail](#) | [Addresses](#) | [Calendar](#) | [Notepad](#)[What's New](#) - [Mail For Mobile](#) - [Upgrades](#) - [Options](#)[Check Mail](#)[Compose](#)[Search Mail](#)[Search the Web](#)[Check Other Mail](#) [Edit]

mail.trueswitch...

[Folders](#) [Add - Edit]**Inbox (3)**

Draft

Sent

Bulk [Empty]

Trash [Empty]

[My Folders](#) [Hide]

EarthLink_Mail

SLD

Saved emails

Sent_Items

[Previous](#) | [Next](#) | [Back to Messages](#)[Delete](#)[Reply](#)[Forward](#)[Spam](#)[Move...](#)This message is not flagged. [[Flag Message](#) - [Mark as Unread](#)][Printable View](#)**Subject:** RE: Invoices**Date:** Tue, 21 Feb 2006 12:52:57 -0500**From:** "Handler, Steven" <SHANDLE@sl.universalservice.org> [Add to Address Book](#) [Add Mobile](#)
Alert**To:** "Deborah Powell" <dpowelllci@sbcglobal.net>

Deborah,

I checked into these 2 invoices. Both were paid at \$0.0 by the system itself because the date they were received is beyond the extended date allows for submission. The only way you get your reimbursement now is by going through the appeal process and asking for an FRN extension to be allowed to resubmit on these invoices.

Call me if you have any questions.

Steve

Steven Handler
Schools& Libraries - Invoicing Division
100 South Jefferson Road
PO Box 902
Whippany, NJ 07981

Voice: 973-581-5170

Fax: 973-599-6572

shandle@sl.universalservice.org

From: Deborah Powell [mailto:dpowelllci@sbcglobal.net]**Sent:** Tuesday, February 21, 2006 12:23 PM**To:** Handler, Steven**Cc:** Michael Pacioni**Subject:** Invoices

Steve, I faxed these to you the other day. I just wanted to make sure that you had them.
Call if you have any concerns.

Thanks,
Deborah

Deborah Powell

Office Manager-Controller
Learning Consultants, Inc.
(313) 861-5882
(313) 861-4406 fax

Delete

Reply

Forward

Spam

Move...

[Previous](#) | [Next](#) | [Back to Messages](#)

[Save Message Text](#) | [Full Headers](#)

[Check Mail](#)

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FCC Form 474

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Approval by OMB
3060 - 0856

Universal Service for Schools and Libraries

Estimated Average Burden Hours Per Response: 1.5
hours

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(To be completed by Service Providers)

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Contact E-Mail Address (100 characters maximum)	mpacioni@sbcglobal.net
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6. Invoice Date to SLD (mmddyyyy)	02/15/2006
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age 1 of 2

FCC Form 474 - October 2001

SERVICE PROVIDER Invoice Form

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Decisions Letter)	Commitment Decisions Letter)	Other)				
			For each FRN, there should be an entry in Column (11) or Column (12) but NOT BOTH			
324052	866098	ONE-TIME	11/01/2005		264536.26	238082.63

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IMPORTANT

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InvoiceID: 630057

Security Code: 57376

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TRANSMISSION VERIFICATION REPORT

TIME : 02/17/2006 11:25
NAME : LEARNING CONSULTANTS
FAX : 3138614406
TEL : 313861440613
SER.# : BROK1J712249

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

02/17 11:22
19735996572
00:02:48
07
OK
FINE
ECM

USAC

Schools and Libraries Division
Correspondence Unit
100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07981

01001
HIGHLAND PARK COMMUNITY HIGH SCHOOL
John White
15900 WOODWARD AVE
HIGHLAND PARK, MI 48203-2948





Universal Service Administrative Company
Schools & Libraries Division

Quarterly E-Rate Payment Authorization Report
(2nd Quarter 2006)

June 30, 2006

HIGHLAND PARK COMMUNITY HIGH SCHOOL
John White
15900 WOODWARD AVE
HIGHLAND PARK, MI 48203-2948

Re: Billed Entity Number 54861

In an effort to provide you with timely information to help you track your participation in the Schools and Libraries E-Rate program, enclosed you will find your Quarterly E-Rate Payment Authorization report reflecting payment activity under the program for your billed entity for the period of April 1, 2006 through June 30, 2006.

This report is issued each quarter reflecting the invoice payment authorization activity related to all E-Rate fund years for your billed entity. You may expect your next report in early October 2006 for the 3rd Quarter 2006 payment authorization activity. The payment authorizations are a direct result of invoices submitted by your service provider(s) (FCC Form 474 - Service Provider Invoice) and/or invoices submitted by your billed entity (FCC Form 472 - Billed Entity Applicant Reimbursement.)

Please take the time to review this report and ensure the payment authorization activity is accurate. We want to be sure that you are receiving services and discounts for which payments have been authorized. If you have not received reimbursement from your Service Provider on an approved BEAR payment (indicated as an Applicant invoice) and more than 30 days has passed since the Service Provider was paid, please contact your Service Provider. In addition, you may report it to: serviceprovider@universalservice.org. Please provide the following information:

Applicant Name
Form 471 Application Number
Service Provider Name
Service Provider Identification Number (SPIN)
Funding Request Number (FRN)
Amount of payment
Your name and contact information

Thank you for your continuing interest in the Schools and Libraries E-Rate program.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure

USAC Schools and Libraries
E-Rate Quarterly Disbursements
Authorization Report

Period: 04/01/2006 - 06/30/2006

Billed Entity Number: 54861

Billed Entity Name: HIGHLAND PARK COMMUNITY HIGH SCHOOL

Funding Year	APPL #	FRN #	FRN Committed Amount	FRN Authorized Disbursements To Date	Service Provider Number (SPIN)	Service Provider Name	Disbursement Authorization Date	Authorized Disbursements		
								SPI	BEAR	Total
07/01/2002-06/30/2003	324177	866693	\$570,619.76	\$485,026.80	143023091	Michigan Ed. Sch. Ser.,	06/15/2006	\$485,026.80		\$485,026.80
								SPIN Total		\$485,026.80
								Application Total		\$485,026.80
								Total Fund Year Applications		\$485,026.80
								Total Applications All Fund Years		\$485,026.80

Disbursement Authorization Date: Date SLD authorized disbursement unit to disburse funds.

SPI: Service Provider Invoice; payments authorized based on this form.

BEAR: Billed Entity Applicant Reimbursement Form; payments authorized based on this form.

Schools and Libraries Division
Correspondence Unit
100 South Jefferson Road
P.O. Box 902
Whippany, New Jersey 07981

01002
HIGHLAND PARK COMMUNITY JR HIGH SCH
John White
15900 WOODWARD AVE
HIGHLAND PARK, MI 48203-2948





Universal Service Administrative Company
Schools & Libraries Division

Quarterly E-Rate Payment Authorization Report
(2nd Quarter 2006)

June 30, 2006

HIGHLAND PARK COMMUNITY JR HIGH SCH
John White
15900 WOODWARD AVE
HIGHLAND PARK, MI 48203-2948

Re: Billed Entity Number 54862

In an effort to provide you with timely information to help you track your participation in the Schools and Libraries E-Rate program, enclosed you will find your Quarterly E-Rate Payment Authorization report reflecting payment activity under the program for your billed entity for the period of April 1, 2006 through June 30, 2006.

This report is issued each quarter reflecting the invoice payment authorization activity related to all E-Rate fund years for your billed entity. You may expect your next report in early October 2006 for the 3rd Quarter 2006 payment authorization activity. The payment authorizations are a direct result of invoices submitted by your service provider(s) (FCC Form 474 - Service Provider Invoice) and/or invoices submitted by your billed entity (FCC Form 472 - Billed Entity Applicant Reimbursement.)

Please take the time to review this report and ensure the payment authorization activity is accurate. We want to be sure that you are receiving services and discounts for which payments have been authorized. If you have not received reimbursement from your Service Provider on an approved BEAR payment (indicated as an Applicant invoice) and more than 30 days has passed since the Service Provider was paid, please contact your Service Provider. In addition, you may report it to: serviceprovider@universalservice.org. Please provide the following information:

Applicant Name
Form 471 Application Number
Service Provider Name
Service Provider Identification Number (SPIN)
Funding Request Number (FRN)
Amount of payment
Your name and contact information

Thank you for your continuing interest in the Schools and Libraries E-Rate program.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure

USAC Schools and Libraries
E-Rate Quarterly Disbursements
Authorization Report

Period: 04/01/2006 - 06/30/2006

Billed Entity Number: 54862 Billed Entity Name: HIGHLAND PARK COMMUNITY JR HIGH SCH

Funding Year	APPL #	FRN #	FRN		Service Provider	Disbursement Authorization Date	Authorized Disbursements	
			Committed Amount	Authorized Disbursements To Date			SPI	BEAR
07/01/2002-06/30/2003	324052	866098	\$238,082.96	\$202,370.24	143023091 Michigan Ed. Sch. Ser., 06/15/2006		\$202,370.24	\$202,370.24
					SPIN Total		\$202,370.24	\$202,370.24
					Application Total		\$202,370.24	\$202,370.24
					Total Fund Year Applications		\$202,370.24	\$202,370.24
					Total Applications All Fund Years		\$202,370.24	\$202,370.24

Disbursement Authorization Date: Date SLD authorized disbursement unit to disburse funds.
SPI: Service Provider Invoice; payments authorized based on this form.
BEAR: Billed Entity Applicant Reimbursement Form; payments authorized based on this form.